	PATE	COF	ORD 10/566658										
	TOTAL CLAI	(Col	SMAL (Column 2) TYPE			L ENTIT	Υ	OR SM	THE	RTHAN			
	FOR						RAT	TE FI	ΞE	_	ATE	ENTITY	
	TOTAL CHARGEABLE CLAIMS			NUMBER FILED		NUMBER EXTRA		BASIC	FEE 150	0.00	OR BASI		
INDEPENDENT CLAIMS			s 31	minus 20=	*	<u> 17</u>	4	X\$ 2	5=	OR		50=	850
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			ess than zero, enter "0" in column 2				TOTAL		\dashv	OR TOTA		610	
-		(Column 1		ENDED - PART II (Cölumn 2) (Column 3)			3)	SMAL	L ENTIT				THAN
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m	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								- -		ADDIT. F	EE L	
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ပ		(Column 1) CLAIMS REMAINING		(Column 2 HIGHEST	2) (C	olumn 3)				_			
AMENDINENT	Total	AFTER AMENDMENT		NUMBER PREVIOUSL PAID FOR		RESENT EXTRA	F	RATE	ADDI- TIONAL _FEE		RATE	TIC	DDI- ONAL
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